

Quilters' S.O.S. – Save Our Stories
A Project of Quilt Alliance

Ethics Statement

In keeping with Quilt Alliance and Quilters' S.O.S. - Save Our Stories project's (QSOS) concern for the rights of human subjects in research, all persons working on research projects associated with, or using the name Quilters' S.O.S-Save Our Stories will abide by the following principals (drawn from the American Folklore Society "Statement of Ethics" and the Michigan Traditional Arts Program "Professional Ethics in Folklife Research").

- (1) The interviewers' primary responsibility is to those they interview. When there is a conflict of interest, these individuals must come first. Researchers must strive to protect the physical, social and psychological welfare of their informants and to honor the dignity and privacy of those interviewed.
- (2) The aims of the QSOS project should be communicated as well as possible to the informant.
- (3) Participation in QSOS projects must be voluntary. Informants must be told in advance of any interviewing or information collection that their participation is voluntary and that they may choose not to participate or not to provide certain information.
- (4) QSOS release forms should be used for all photo documentation and tape recording. Tape recording and photographs will only be made with the express written permission of the participants.
- (5) There shall be no exploitation of individual informants for personal gain.
- (6) The anticipated consequences of the research should be communicated as fully as possible to the individuals and groups likely to be affected.

To be signed by the researcher (interviewer): I have read the above statement and agreed to abide by it to the best of my ability.

Signature

Date

Quilt Alliance
Quilters' S.O.S. - Save Our Stories

INFORMANT TRACKING CHECKLIST

Name of **Quiltmaker (informant)**: _____

I.D.# _____

Address: _____

Phone: _____ Email: _____

Name of **Interviewer**: _____

Name of **Transcriber**: _____

Date of Interview: _____ **Location**: _____

Checklist:

- The Interview digital file or cassette tape
- Photograph of the informant with quilt & identification number.
- Transcription by: _____ Date: _____
- Sent typed transcription for approval by informant (Date Sent: _____)
- Received approved transcription from Informant (Date Received: _____)
- Corrections to transcription completed by: _____ Date: _____
- Release form for permission to tape/photograph
- Participant and quilt information form
- E-mail to QSOS staff (qsos@quiltalliance.org) Date: _____
- Mailed interview materials to AAQ office (Date: _____)
- Interview posted to the project's website Date: _____

Interview will be archived with the Library of Congress American Folklife Center.

Mail items below to Quilt Alliance, Attn: Quilters' S.O.S. – Save Our Stories, 125 S. Lexington Avenue, Suite 101, Asheville, NC 28801.

- a hard copy of the final transcript;
- the edited copy received from the informant;
- an electronic copy of the final transcript on a CD;
- a copy of the cassette tape or digital file (on separate CD) from which the transcription was made;
- the signed release form
- the completed quiltmaker and quilt information form

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Release Form

Thank you for participating in Quilters' S.O.S. – Save Our Stories, a project of Quilt Alliance. By signing the form below you give your permission to include any recordings and/or photographs made during Quilters' S.O.S. – Save Our Stories in a public archive where they will be available to researchers and the public for scholarly or education purposes including publications in all media and exhibitions. By giving your permission, you do not give up any copyright or performance rights that you may hold.

I agree to the uses of these materials described above.

Signature _____

Print Name _____

Date _____

ID Number _____

Interviewer's Signature _____

Print Name _____

Parental or Guardian Signature if Informant is under 18

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Quiltmaker and Quilt Information Form

ID Number _____

Quiltmaker Contact Information: PLEASE PRINT

(Name) _____

(Address) _____

(Telephone) _____

(E-mail) _____

Quilt Information:

Maker of Quilt: _____

Title of Quilt: _____

Date made (approximately): _____

Where it was made: _____

Dimensions of quilt (height x width): _____